



New Mexico Regulation and Licensing Department
Board of Pharmacy

5500 San Antonio Drive NE, Suite C • Albuquerque, New Mexico 87109
(505) 222-9830 • Fax (505) 222-9845 • (800) 565-9102
<http://www.rld.state.nm.us/boards/pharmacy.aspx>

FACILITY CONTROLLED SUBSTANCE REGISTRATION RENEWAL APPLICATION

**NOTICE REGARDING FACILITY CONTROLLED SUBSTANCE REGISTRATION (CSR) EXPIRATION, FEES AND
NEW ONLINE RENEWAL AVAILABILITY**

*Please note that **ONLY** facility CSRs are eligible for on-line renewal (other facility license types must be renewed by mailed application). The online renewal system only works with internet explorer 11 or greater; and if you are able to attest to each application question – e.g. that you have had no arrests, discipline, etc., please use the following link to renew online:*

<https://mylicense.rld.state.nm.us/PersonSearchResults.aspx?Facility=Y>

On-Line renewal information:

- a. Use Internet Explorer 11 or greater (other browsers are not compatible with the renewal database).
- b. The registration code never changes, and is printed on mailed renewals. Please keep the code for future renewals.
- c. The license number required by the system is the CSR number, please include the CS and the proceeding 8 digits.
- d. You must create a new user ID every year so please go to link above and CHANGE your user ID that prepopulates.
- e. Please enter a valid email address at the registration page, which is required to renew on-line. The renewal receipt should be sent to this e-mail within 10 minutes of online renewal.
- f. Additional instructions are available via:
<http://www.rld.state.nm.us/uploads/files/Renewal%20Instructions.pdf>
- g. **NOTICE:** The License will NOT update the same day the payment is made. Please be aware that it may take anywhere from 2 to 5 days for license to show that it's updated on the online verification after payment has been made online.
- h. The only the facility license type that can be renewed online is the CSR.

**IMPORTANT INFORMATION REGARDING YOUR FACILITY CONTROLLED SUBSTANCE REGISTRATION
AND DISPENSING CONTROLLED SUBSTANCES**

The New Mexico Prescription Monitoring Program (PMP):

All dispensers providing controlled substances in the state of New Mexico must submit the information in accordance with current transmission methods and frequency established by the New Mexico Board of Pharmacy.

Please visit <http://nmpmp.org> for information on registering and reporting to the PMP.



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The NM Board of Pharmacy is now on a triennial renewal period for CSRs.

- INSTRUCTIONS (mail): (1.) Renewal application below - NO photocopies and must be filled out in its entirety.
(2.) Fee: Triennial Renewal fee - \$180

(Make check or money order payable to NM Board of Pharmacy).

Applications with incorrect fees will be returned, mail early processing time is 5 to 10 business days once we receive your application.

Facility Controlled Substance License # CS _____

Facility mailing address:

Facility Physical Location Address:

Telephone Number: _____

Fax Number: _____

Licensing Contact email address: _____

Schedule of Drugs (Check v only those needed): []2 []2N []3 []3N []4 []5

Check type of facility:

- []Pharmacy []Hospital []Clinic []Wholesale Distributor []Third-Party Logistics Provider []Researcher []Repackager
[]Manufacturer []Virtual Manufacturer []Outsourcing Facility []Teaching Institute []Analytical Lab

New Mexico Board of Pharmacy License # _____ Expiration Date: _____

Drug Enforcement Administration Registration # _____ Expiration Date: _____

We have not since the time of our last renewal, been arrested, investigated for, charged with, convicted of, sentenced, entered a plea of nolo contendere, or entered into any other legal agreements for any criminal offense in any state, territory or possession of the United States or by the federal government.*

Signature _____

We have not since the time of our last renewal, had any disciplinary actions, or has any professional licensing authority investigated any pending actions against us/me, or to my knowledge.*

Signature _____

*If the above statements are not true. Explain the circumstances, include a copy of the judgment, and attach to this application.

I hereby certify that the information given in this application is true and correct to the best of my knowledge.

Signature _____ Date _____

Print Name and Title _____

RETAIN A COPY OF BOTH THE APPLICATION AND FORM OF PAYMENT FOR FUTURE REFERENCE.